Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL				n Number	10/519,639			
FEE IRANSI	Application Number Filing Date		6/23/2003					
For FY 2009				ed Inventor	Jan Matthijs Jetten			
Applicant plains small entity status, Sec. 27 CER 1 27				Examiner Name		Saeed T. Chaudhry		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1792			
TOTAL AMOUNT OF PAYMENT (\$) 1,920			Attorney Docket		0470 - 048	8036		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING	FEES	EXAMINA	TION FEES					
			II Entity	<del></del>			D 11(0)	
			<u>ee (\$)</u> 270	Fee (\$) 220	<u>Fee (\$)</u> 110	rees	<u>Paid (\$)</u>	
Design 220	110	100	50	140	70	<del></del>		
Plant 220	110		165	170	85		<del></del>	
Reissue 330	165		270	650	325			
Provisional 220	110	0	0	0	0			
2. EXCESS CLAIM FEES						Fac (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)  52							26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims				390	195			
Total Claims - 20 or HP Extra Claims Fee (3			\$) F	ee Paid (\$)			Dependent Claims	
10 - 20 =	= 0	x 0	=	0		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid	I for, if greater than	20.					<del></del>	
Indep. Claims - 3 or HP	Extra Claims	Fee (	<u>(\$)</u> <u>I</u>	ee Paid (\$)				
3 =	= 0	x 0	=	0				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under								
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.								
See 35 U.S.C. 41(a)(1)(G) a <u>Total Sheets</u> Extra Sh			ach additio	nal 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)	
Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  - 100 = /50 = (round up to a whole number) x =							=	
							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							2 000 x HAM (W)	
Other (e.g., late filing surcharge): RCE and Petition for Extension of Time-3 mos.							\$1,920	
SUBMITTED BY /								
1/-	1 14	7	Regis	tration No.				
(Attorney/Agent) 22,132 Telephone 412-471-8815								
Name (Print/Type) William H	I. Logsdøn	U				Date Febru	ary 25, 2010	